

**PLEASE FILL OUT AND RETURN TO PROBATION BEFORE YOU
LEAVE THE COURT.**

Parent/Guardian:

1. Mother name: _____

Address: _____

Birth Date: _____

Social Security number: _____

2. Father name: _____

Address: _____

Birth Date: _____

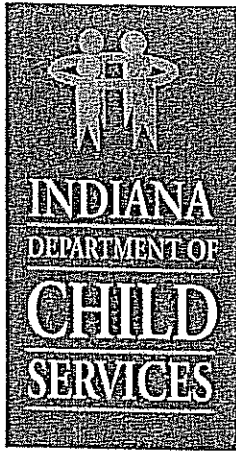
Social Security number: _____

3. Childs name: _____

Address: _____

Birth Date: _____

Social Security number: _____



Mitchell E. Daniels, Jr., Governor
James W. Payne, Director

Indiana Department of Child Services
Room W392 - MS03
402 W. Washington Street
Indianapolis, Indiana 46204-2739

317-232-4705
FAX: 317-232-4490

www.in.gov/dcs

Child Abuse and Neglect Hotline: 800-800-5556

**PUTNAM COUNTY DEPARTMENT OF CHILD SERVICES
AUTHORIZATION FOR RELEASE OF INFORMATION**

Client: _____

Parent/Guardian's Name: _____

Client DOB: _____ Client Sex: _____ Client SSN: _____

Permission is granted for:

School, Agency, Clinic, or Professional

To release/exchange information regarding the above-named client with:

Putnam County Department of Child Services

(Address Above)

I authorize and consent above-named school, agency, clinic, or professional and its employees, agents or servants to release to and/or exchange with the PCDCS the following information concerning the above-named client:

<input type="checkbox"/> Admission Notes	<input type="checkbox"/> History & Physical	<input type="checkbox"/> Alcohol/Drug Information
<input type="checkbox"/> Assessments	<input type="checkbox"/> Laboratory Tests	<input type="checkbox"/> Mental Health Records
<input type="checkbox"/> Current Medications	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Discharge Summaries
<input type="checkbox"/> Diagnostics & Evaluation	<input type="checkbox"/> Child Support IV-D Info	<input type="checkbox"/> School Records
<input type="checkbox"/> Treatment Plan	<input type="checkbox"/> Attendance Records	<input type="checkbox"/> Other: _____

This consent is valid for 6 months; however, it is subject to written revocation at anytime except to the extent that action has been taken in reliance upon it. Any disclosure made between the above named agencies or individuals is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipient of the information may disclose it only in connection with their official duties.

Parent/Guardian Signature

Date Signed

Witnessed by

Date Signed



Protecting our children, families and future

FINANCIAL ELIGIBILITY INFORMATION FORM

I. Demographic Information:

1. Child's Full Name: _____ D.O.B: _____

Race _____

(Must Attach Copy of Birth Cert.)

2. Child's Social Security Number: _____

(Must Attach Copy of SS Card)

3. Child's Placement Name and Address: _____

(PLEASE INCLUDE A COPY OF CHILD'S PLACEMENT ORDER)

4. Date of Placement: _____

5. Name of Child's school, address of school and grade in which child is enrolled:

Name: _____ Grade: _____

Address _____

6. Date Adjudicated as a Delinquent and Cause Number: _____

7. Information on Child's Parents:

Father's Name: _____ D.O.B _____ Race: _____

Address: _____ Phone number(s): _____

_____ Social Security #: _____

Mother's Name: _____ D.O.B: _____ Race: _____

Address: _____ Phone number(s) _____

_____ Social Security #: _____

Are legal parents married to one another? Yes No

If yes, date of marriage: _____

If divorced, date of divorce: _____

Location of divorce: _____

Cause number: _____

Court ordered to pay support? Yes No

If yes, date ordered: _____ Amount: _____ Frequency: _____

Date last paid? _____

Is Support paid directly or through clerk's office: _____

If never married, was paternity established? Yes No

If yes, date: _____ Cause # _____

County and State in which ordered? _____:

Ordered to pay support? Yes No

If yes, date: _____ Amount: _____ Frequency: _____

Last date paid: _____

Support paid directly or through clerk's office _____

8. Please list all household members and their relationship to child:

<u>Name</u>	<u>Relationship to Child;</u>	<u>D.O.B</u>	<u>SS#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide information regarding additional household members on another sheet of paper and attach.

9. Name of person child was residing with at month of removal from his/her home:

Name: _____

Relationship to child: _____ (provide proof through birth certificates, when possible)

Address: _____

Phone(s) # _____

Does this person have legal guardianship or custody of child? Yes No (Will need court order)

How long had child resided there? _____

If lived with previous person less than six (6) months, please provide with whom the child resided previous to last address, relationship of this person and the address of that residence:

10. Information on child's parent's mother and father: (please provide as much information as possible)

Paternal Grandfather's name: _____

Address: _____

Phone(s): _____

Paternal Grandmother's name: _____

Address: _____

Phone(s): _____

Maternal Grandfather's name: _____
Address: _____
Phone(s): _____

Maternal Grandmother's name: _____
Address: _____
Phone(s): _____

II. Employment, Income, and Resource Information

1. Are parents employed? Yes No

If yes, list employer's name, address, phone #, hours per week and pay per hour.

Please provide all applicable information.

(SEND DFC FORM 65 WITH SIGNATURE OF EMPLOYEE TO EMPLOYER, ATTACH COPY)

Father: Company Name: _____
Address: _____
Phone #: _____
Pay per hour or salary per week: _____ Hours per week: _____

Mother: Company Name: _____
Address: _____
Phone #: _____
Pay per hour or salary per week: _____ Hours per week: _____

Step-Parent: Company Name: _____
Address: _____
Phone #: _____
Pay per hour or salary per week: _____ Hours per week: _____
Stepparent paying support to children outside home? Yes No
If yes, how much per month or week? _____

2. Does child's parent(s), stepparent or any other person carry health insurance on child? Yes

If yes, please complete information below If more than one person carries insurance, please provide the below information for all health insurance policies.

(IF YES, ATTACH A COPY OF INSURANCE CARD OR SEND VERIFICATION FORM DFC FORM 3510)

Name of insurance company: _____
Address of company: _____
Phone number of insurance company: _____
Social Security Number for person carrying insurance: _____
Health insurance policy number: _____

3. Does child or parent receive any other income? Yes No

If yes, you must indicate type and provide amount, frequency, and attach verification for each person in the household.

- | | <u>Child</u> | <u>Parent</u> | <u>Amount</u> | <u>Frequency</u> |
|--|--------------|---------------|---------------|------------------|
| a. Child support: | | | | |
| b. Retirement/Pension: | | | | |
| c. Disability/Sick Benefits
from employer: | | | | |
| d. Military Allotment: | | | | |
| e. Railroad Benefits: | | | | |
| f. RSDI (Retirement, Survivor,
Disability Insurance
from Social Security): | | | | |
| g. S.S.I (Supplement Security
Income from
Social Security): | | | | |
| h. UCB (Unemployment
Compensation Benefits): | | | | |
| i. VA Benefits: | | | | |
| j. Other: (including but not limited
to working in exchange for goods or
services, contributions of money,
loans, or payment of bills): | | | | |

4. Does the child or parent have any of the following resources? (Attach verification)

a. Whole Life insurance for any household member? Yes No

Owner _____ Cash Surrender Value _____

Insurance Company: _____

Address: _____

Phone Number: _____

Policy Number _____

b. Bank or Credit Union Account for any household member? Yes No (including but not limited :
checking, savings, Christmas clubs, certificate of deposits, money and/or market accounts):

Financial Institution: _____

Address: _____

Phone Number _____

Names on the account: _____

Type of account _____ Account Number: _____

Value: _____

Type of account: _____ Account Number: _____

Value: _____

(Please provide information regarding additional accounts, including financial institution, names on account, account numbers, types of accounts and values on an another sheet of paper and attach.)

c. Other types of resources for any household members? Yes No (attach verification)

Owner

Value

Stocks

Bonds

Mutual Funds

IRA

Annuities

d. Are there any trust funds? Yes No

If yes, for whom: _____

Value: _____ (attach verifications)

Is the trust fund accessible without a court order? Yes No

e. List year, make and model for all motor vehicles in which a household member's name appears on the registration or title to that vehicle:

Owner

Make

Model

Year of Vehicle

Vehicle VIN #

Signature of Probation Officer: _____

Printed Name of Probation Officer: _____

Date: _____